| 8 NATIONAL:             |                                 |   |                |  |                                   |       |              |                        |          | . OHAII E           | MTITY       |
|-------------------------|---------------------------------|---|----------------|--|-----------------------------------|-------|--------------|------------------------|----------|---------------------|-------------|
| S NATIONAL S            |                                 | (Column   | 1)             | <u>. (C</u>                            | olumn 2)                          | ]<br> | TYPE         |                        | OR<br>I  | SMALL E             |             |
|                         | J.S. NATIONAL STAGE FEES        |   |                | •                                      |                                   | ] [   | RATE         | FEE                    |          | RATE"               | FEE         |
| ASIC FEE                |                                 | SMAUL ENT. = \$ 150   |                | LARGE ENT. = \$ 300                    |                                   |       | ASIC FEE     |                        | OR       | BASIC FEE           |             |
| XAMINATION FEE          |                                 | Satisfies PCT Art<br>(4) = \$ 50 /                                      |                |  | er situations =<br>100 / \$ 200 . |       | XAM FÉE      |                        |          | EXAM FEE            |             |
| SEARCH FEE              |                                 | U.S. & ISA = \$ 50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                | ALL other situations = \$ 250 / \$ 500 |                                   |       | SEARCH FEE   |                        |          | SEARCH FEE          |             |
| EE FOR EXTRA SPEC. PGS. |                                 | minus 100 =   |                | /50 =                                  |                                   | ונ    | X \$ 125 =   |                        |          | X \$ 250 =          |             |
| OTAL CHARGEA            | BLE CLAIMS                      | ninus 20 =  |                | •                                      |                                   | ] [   | X \$ 25 =    |                        | OR       | X \$ 50 =           |             |
| DEPENDENT CL            | AIMS                            | m   | inus 3 =       | •                                      |                                   |       | X \$ 100 =   |                        | OR       | X \$ 200 =          |             |
| ULÎTRLE DEPÊN           | DÊNT ĈLAIM PRI                  | E8ENT.  |                |  |                                   | 1     | +\$ 180 =    |                        | OR       | <b>≠ \$</b> ,360,=_ |             |
| If the difference       | in column 1 is                  | less than zero  | enter "C       | i in col                               | umn 2                             |       | TOTAL        |                        | OR       | TOTAL               |             |
| <b>4</b>                | CLAMS REMAINING AFTER AMENDMENT |   | PREVIO<br>PAID | DUSLY                                  | PRESENT<br>EXTRA                  |       | RATE         | ADDI-<br>TIONAL<br>FEE |          | RATE                | TION        |
|                         | AFTER                           | ·   | PREVIO         | DUSLY                                  | EKTRA                             | ا ا   | MIE          |                        |          |                     | FE          |
| Total                   | • //                            | Minus   | -3             | 0                                      | 8                                 | 4     | X\$25=       |                        | OR       | X \$ 50 =           | <u> </u>    |
|                         | • 7                             | Minus   |                | 2                                      | =                                 | 4.1   | X \$ 100 =   |                        | OR       | X \$ 200 =          | <del></del> |
| FIRST PRE               | SENTATION OF I                  | AULTIPLE DEP  | ENDENT         | CLAIM                                  |                                   | ונ    | + \$ 180 =   |                        | OR<br>OR | + \$ 360 =          | <u> </u>    |
| 9-48-0                  | (Column 1)                      | <b>T</b>  | (Columnia)     |  | (Column 3)                        | 7     | RATE         | ADDI-                  | UN<br>   | RATE                | ADD         |
| n<br>=                  | AFTER:                          |   | PREVI          | OUSLY .                                | EXTRA                             |       | MIE          | FEE                    | ١.       |                     | FE          |
| Total                   | . 13-                           | Minus   | -3             |  | = /                               |       | X \$ 25 =    |                        | OR       |                     | L           |
| Independent             | 1                               | Minus   | 444            | :                                      | 2                                 | ]     | X \$ 100 =   |                        | OR       |                     |             |
|                         | BENTATION OF I                  | MULTIPLE DEP  | ENDENT         | CLAIM                                  |                                   |       | + \$ 180 =   |                        | OR       |                     |             |
|                         |                                 |   |                |  | ٠, ٠                              |       | TOTAL ADDIT. |                        | OR       | TOTAL ADDIT:        | <u> </u>    |